

## Grace & Action Ministry Sign Up Form

What/ where are your interests in the Grace & Action Ministry?

Please circle your answer Yes or No

- Yes or No      Church Contact Leader
- Yes or No      Personal prayer with individual (phone or in person)
- Yes or No      Yard work
- Yes or No      Cooking a meal for home bound after surgery
- Yes or No      Sitting in for a care giver so they have some personal time for themselves
- Yes or No      Small maintenance
- Yes or No      Driver for possible:
  - Dr. Appointments
  - Dentist
  - Pick up prescriptions
- Grocery shopping
- Financial support

*\*Remember this is temporary help-short term*

Comments: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ (home)

Email Address: \_\_\_\_\_ Cell Number: \_\_\_\_\_

**Church you attend (Circle):    SS Peter & Paul / St. Mary's / Sacred Heart / St. Patrick**

Have you completed a Protecting God's Children Course?    Yes    or    No

Have you had a background check done through the Parish office?    Yes    or    No